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CONFIRMATION NO. 6492

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/567,508	02/07/2006	623	3734	37621/53001	
RULE					
APPLICANTS Jason Reynolds, Charlotte, NC; Tony D. Alexander, Charlotte, NC; Ji Hwan You, Charlotte, NC;					
** CONTINUING DATA ***** This application is a 371 of PCT/US04/25682 08/09/2004 /jlh/ which claims benefit of 60/493,402 08/07/2003 /jlh/					
** FOREIGN APPLICATIONS *****					
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 06/22/2006					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JENNIFER LEA Acknowledged HORNBERGER/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY NC	SHEETS DRAWINGS 8	TOTAL CLAIMS 87	INDEPENDENT CLAIMS 7
ADDRESS MERIT MEDICAL SYSTEMS, INC. C/O STOEL RIVES, LLP ONE UTAH CENTER 201 SOUTH MAIN STREET -- SUITE 1100 SALT LAKE CITY, UT 84111 UNITED STATES					
TITLE Therapeutic medical appliance delivery and method of use					
FILING FEE RECEIVED 2375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		